




TO: Regional Coordinators
WorkOne Managers and Supervisors

FROM: Ronald L. Stiver 
Commissioner

THROUGH: Andrew Penca, Deputy Commissioner
Strategic Research and Development 

DATE: September 28, 2006

SUBJECT: DWD Policy 2006-09
Revised Instructions for Submitting the Required Indiana Department of
Workforce Development Form 210, Weekly Manual Report of Claims Activities

Purpose

To explain the proper methods for each Indiana Department of Workforce Development WorkOne center to submit the required weekly Form 210, Weekly Manual Report of Claims Activities

Rescission

DWD Policy 2003-28, DWD Form 210, Weekly Manual Report of Claims Activities

Contents

WorkOne centers should send Form 210 by the close of business each Friday (or the last day of the business week) preferably by e-mail to UI_Stats@dwd.in.gov or by fax to 317.233.6699, Attention: Unemployment Insurance Statistics. **The subject line of the e-mail should be the name of the WorkOne center and the claim week ending (CWE) date covered on the form.** If there was no activity, the weekly report should still be sent and marked appropriately.

On Form 210, WorkOne centers should list the name of any company in its area which has more than 20 people separated during the week covered. The information from Form 210 is compiled and reported to the U.S. Employment and Training Administration. This information is instrumental in determining why unemployment insurance claims have increased in an area.

Please follow these guidelines for each occurrence when completing the Form 210.

Name of Company: Provide the correct, full name of the business which has separated more than 20 employees during the week and its location. If the business is known by initials or another shorter name in your office/region, place that alternate name after the full name in parenthesis. The unemployment insurance account number for the company is helpful but not required.

Number of People Separated:	The number of people separated is the total number of workers expected to be separated or involved in the layoff, not the number employed by the business.
Effective Date	“The official first day of the layoff” is the effective date of the layoff even if some people affected do not file for benefits until a later date.
Duration:	“Duration” is the length of time the layoff is expected to last. For example, 2-3 weeks, 6 months, etc. “Permanent” means there is no chance of recall. “Indefinite” is used if there is a chance of recall within the next year but an estimated date of return is not available.
Reason:	Layoff is not a reason. List the actual reason for the layoff, not simply that there was a layoff. Some examples include: financial difficulty, labor dispute, material shortage, model changeover, plant or machine repair, product line discontinued, reorganization, seasonal, slack work, vacation shutdown, change of ownership, contract completed/cancelled, etc. If the business is closed; give the reason for the closure. If operations have moved to another location, please provide the new location, if known.

An electronic copy of the DWD Form 210 in Excel format will be sent to each WorkOne center. **Please type the information onto the form to eliminate interpretation errors.** Save the information electronically.

Review Date
September 1, 2008

Ownership
Research and Analysis
Workforce Transition Studies, Unemployment Insurance Statistics

Effective Date
Immediately

Action
By close of business each Friday (or the final day of the work week), each WorkOne center should have a delegated employee or the employee’s backup submit Form 210 as an attachment by e-mail attachment to UI_Stats@dwd.in.gov or submit a typed Form 210 by fax to 317.233.6699, Attention: Unemployment Insurance Statistics. The subject line of the e-mail should be the name of the WorkOne center submitting the document and the week ending date of the Form 210. Questions regarding this policy may be sent to UI_Stats@dwd.in.gov or telephone Workforce Transition Studies, Unemployment Insurance Statistics at (317) 233-0037.

Attachment
DWD Form 210, Weekly Manual Report of Claims Activities

INDIANA DEPARTMENT OF WORKFORCE DEVELOPMENT

WEEK ENDING

LOCAL OFFICE NAME AND UI NUMBER

WEEKLY MANUAL REPORT OF CLAIMS ACTIVITIES

I. WEEKLY LAYOFF INFORMATION

Name of Company and Location	No. of People Separated	Effective Date	Duration	Reason

Other Pertinent Comments:

II. INTERSTATE AS AGENT STATE CLAIMSTAKING ACTIVITY AND ALIEN CLAIM ACTIVITY

ITEM	LEVEL REGULAR			LEVEL EB *		
	UI	UCFE	UCX	UI	UCFE	UCX
Continued (IB 2)						
Appeal (IB 101)						
Alien Secondary Verification (number)						

* Include only regular program extended benefits in this area. Submit a separate Form 210 for other supplemental programs such as E.U.C. (Emergency Unemployment Compensation) and enter program name across the top.

Submitted by: _____ Phone Number: _____

INSTRUCTIONS FOR FORM 210, WEEKLY MANUAL REPORT OF CLAIMS ACTIVITIES

The Form 210 is used to report claims activities that are not part of the automated Benefits System.

Place the CWE date and the Local Office Name and UI number in the space provided.

I. WEEKLY LAYOFF INFORMATION

List all companies in your area with layoffs of 20 or more.

Enter the legal **Name of Company and Location** (plus commonly used name if applicable), **Number of People Separated** (layoffs, not total employment), **Effective Date** (first day of layoff), **Duration** (how long it will last) e. g. one week, 2-3 months, indefinitely, and **Reason** for layoff (layoff is not a reason) e.g. lack of work, plant shut-down, business closed with reason, etc.) in the space provided. Use the "Other Pertinent Comments" section for further explanation about layoffs in the area.

II. INTERSTATE AS AGENT STATE CLAIMSTAKING ACTIVITY AND ALIEN CLAIM ACTIVITY

Continued (IB-2) - Enter by program (UI, UCFE, UCX) the total number of Interstate weeks claimed (Regular level and EB level*) taken during the report period on Form IB-2.

Appeal (IB-101) - Enter by program (UI, UCFE, UCX) the total number of Interstate agent appeals (Regular level and EB level*) filed in the local office on Form IB-101.

Enter number of Alien Secondary Verifications.